

AMENDED FILING COVER SHEET



13160200920100105

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Physicians Health Choice of AR, Inc

NAIC Group Code	4423	4423	NAIC Company Code	13160	Employer's ID Number	45-0571407
	(Current Period)	(Prior Period)				
Organized under the Laws of	Arkansas			State of Domicile or Port of Entry AR		
Country of Domicile	US					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO Federally Qualified? Yes [] No [X]					
Incorporated/Organized:	August 7, 2007			Commenced Business: May 30, 2008		
Statutory Home Office:	900 South Shackelford, Ste. 205			Little Rock, AR 72211		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office:	8637 Fredericksburg Rd Ste 360					
	(Street and Number)					
	San Antonio, TX 78240			866-550-4736		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address:	8637 Fredericksburg Rd Ste 360			San Antonio, TX 78240		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records:	8637 Fredericksburg Rd Ste 360			San Antonio, TX 78240 210-949-4153		
	(Street and Number)			(City or Town, State and Zip Code) (Area Code) (Telephone Number)		
Internet Website Address:	n/a					
Statutory Statement Contact:	Anita Green			210-949-4153		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	agreen@phyhc.com			210-694-4630		
	(E-Mail Address)			(Fax Number)		

OFFICERS

	Name	Title
1.	Daniel Joseph Comrie	President
2.	Bryan David Grundhoefer	Secretary
3.	Joseph Anthony Zimmerman	Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title

DIRECTORS OR TRUSTEES

Daniel Joseph Comrie	Bryan David Grundhoefer	Gary W. Piefer, MD	George M. Rapiere III, MD

State of Texas
County of Bexar ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Daniel Joseph Comrie	Bryan David Grundhoefer	Joseph Anthony Zimmerman
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	[] Yes [X] No
8 day of March, 2010	b. If no:	1. State the amendment number 1
		2. Date filed 03/08/2010
		3. Number of pages attached 2